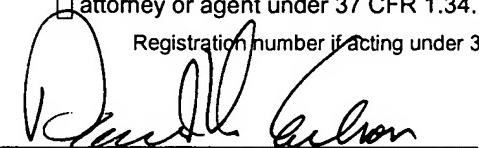




EXPRESS MAIL NO. EV529786967US

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 856063.743																																	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)																																			
Application Number 10/623,474		Filed July 18, 2003																																	
For AUTOMATIC DECODING METHOD FOR MAPPING AND SELECTING A NON-VOLATILE MEMORY DEVICE HAVING A LPC SERIAL COMMUNICATION INTERFACE IN THE AVAILABLE ADDRESSING AREA ON MOTHERBOARDS																																			
Art Unit 2186		Examiner Tuan V. Thai																																	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60 \$120</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225 \$_____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510 \$_____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795 \$_____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080 \$_____</td></tr><tr><td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td><td colspan="2"> 05/08/2006 BABRAHA1 00000062 10623474</td></tr><tr><td><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</td><td colspan="2"> 01 FC:1251 120.00 0P</td></tr><tr><td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u>. I have enclosed a duplicate copy of this sheet.</td><td colspan="2"></td></tr></tbody></table> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>31,153</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____.</p> <p> Signature David V. Carlson Typed or printed name</p> <p>May 3, 2006 Date 206-622-4900 Telephone Number</p>				Fee	Small Entity Fee	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$120	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$_____	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	05/08/2006 BABRAHA1 00000062 10623474		<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.	01 FC:1251 120.00 0P		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u> . I have enclosed a duplicate copy of this sheet.		
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.